



香港社會醫學學院  
HONG KONG COLLEGE OF COMMUNITY MEDICINE  
founder College of the Hong Kong Academy of Medicine  
*Incorporated with limited liability*



## ADMINISTRATIVE MEDICINE

### Part I Examination

Thursday 5 June 2025

10:30 – 13:00 (2½ hours)

### Paper IA

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**Candidates must answer all parts of these questions**

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*Style, clear grammatical English and legibility will be taken into consideration by the Examiners. Answers should be written in a form appropriate to the audience specified in the question.*

*The weighting of marks for each part of the question is shown in parentheses.*

**DO NOT OPEN THE PAPER UNTIL THE  
INVIGILATOR INSTRUCTS YOU TO BEGIN**

1. A study was conducted to investigate the prevalence of hypertension and explore its association with high-sodium diet among the elderly people living in Tai Po district, New Territories, Hong Kong. The study randomly selected 1000 adults aged  $\geq 60$  years from multiple elderly community centres in Tai Po district. Participants completed a questionnaire about their dietary habits and underwent blood pressure measurements. The results are shown in the table below:

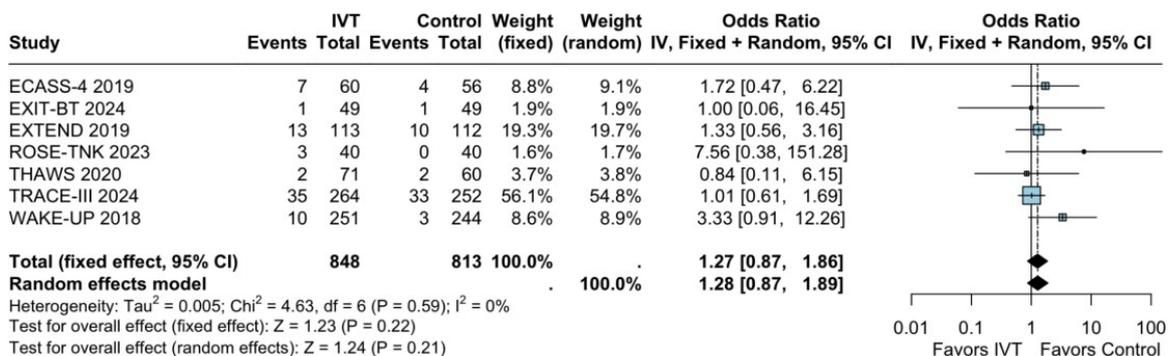
	Hypertension (+)	Hypertension (-)	Total
High-sodium diet	150	250	400
Low-sodium diet	100	500	600
Total	250	750	1000

- 1) What type of specific study design was used? **(1 mark)**
  
- 2) Calculate the overall prevalence of hypertension in this study population. **(1 mark)**
  
- 3) Calculate the odds ratio for the association between high-sodium diet and hypertension and interpret it (with reference to the numerical result you get). **(2 marks)**
  
- 4) State one advantage and one disadvantage of this type of study. **(2 marks)**
  
- 5) What type of bias may result if the participants were not “randomly selected” but recruited based on researchers’ subjective judgement or personal preferences? State its name and one possible consequence of such bias in this study. **(2 marks)**
  
- 6) Could recall bias affect this study? Explain why or why not. **(2 marks)**

**QUESTION CONTINUES**

2. Intravenous thrombolysis (IVT) is the established treatment for ischemic stroke patients within 4.5 hours of symptom onset. A meta-analysis was conducted to investigate the efficacy and safety of IVT beyond the extended time window (i.e., beyond 4.5 hours) comparing with those receiving standard medical care.

The **Figure** below shows the result of one of the safety outcomes - 90-day all-cause mortality from a total of 7 studies.



Adapted from Stroke, Volume 56, Number 3, March 2025.

- 1) Briefly describe what a meta-analysis is. (2 marks)
  
- 2) Comment on the heterogeneity among studies. (2 marks)
  
- 3) What is odds ratio? Interpret the odds ratio in WAKE-UP 2018 study. (2 marks)
  
- 4) Calculate the mortality rates for IVT group and control group. What is the conclusion of the meta-analysis based on random effects model? (4 marks)

**QUESTION CONTINUES**

3. HKAM, HKU and CUHK Medical Faculties recently released a tripartite policy statement on supporting Fellows and Specialist Trainees with Disability or Special Education Needs (SEN).

- 1) What was one important legal requirement and at least 3 professional principles which are important in preparing this policy? **(4 marks)**
  
- 2) Name 4 examples of disabilities where this policy is applicable. **(2 marks)**
  
- 3) Identify some systematic and practical challenges faced by healthcare institutions in the application of this policy. **(4 marks)**

**QUESTION CONTINUES**

4. As a senior executive with a decision-making role in introducing new and expensive medications in public hospitals, you receive a request from a patient group to consider the introduction of a new medication.

Beta-thalassaemia is an inherited blood disease, with a severe form causing lifelong transfusion-dependent anaemia. Blood transfusions every few weeks, and iron chelation therapy, has been the mainstay of treatment. However, regular transfusions can lead to iron overload and organ damage.

An erythroid maturation agent, Luspatercept, administered subcutaneously in outpatient settings, has been introduced as a publicly-funded standard treatment overseas. The patient group states that, according to an overseas scientific study, 40% of patients experienced a one-third reduction in their transfusion needs compared to baseline with Luspatercept.

Another overseas study reported a base-case incremental cost effectiveness ratio per QALY of HK\$ 4 million, based on the then annual medication cost of HK\$900,000 per patient.

1) What is incremental cost-effectiveness ratio per QALY? **(1 mark)**

2) Explain briefly how the incremental cost-effectiveness ratio per QALY of a new medication helps in decision-making on its introduction as a publicly-funded standard treatment for patients with Beta-thalassaemia meeting certain criteria in public hospitals.

**(1 mark)**

**QUESTION CONTINUES**

- 3) List eight important factors for scientifically assessing whether Luspatercept should be adopted as a highly subsidised standard treatment for patients with Beta-thalassaemia meeting certain criteria in public hospitals. **(4 marks)**
- 4) Apart from the above scientific considerations, list eight other factors - including pharmacoeconomic and societal ones - you will need to address before introducing Luspatercept as a standard treatment. **(4 marks)**

**QUESTION CONTINUES**

5. Under the existing Supplementary Medical Professional Ordinance, patient could not have direct access to some allied health disciplines without referral from doctors. A group of these allied health professionals demand an amendment of the existing ordinance to allow patients seeking medical care directly from them without any doctors' referral.

1) List and explain potential benefits when this access right is granted legally. **(3 marks)**

2) What are the risk perspectives of this proposal? **(3 marks)**

3) How to mitigate the risks? **(4 marks)**

**QUESTION CONTINUES**

6. The government is pushing ahead with a major reform of the fees and charges in the public hospitals. In response to a challenge on the lack of public consultation in the proposed public sector fee reform, the Secretary for Health argued that the discussion and consultation on healthcare reform had been taking place for over 20 years. See below on the relevant news report.

### **Rebuttal to "No Consultation" Claims: "Discussed for Over 20 Years"**

After the public healthcare fee reform proposal was announced, some criticized the government for not consulting the public beforehand. Professor Lo Chung-mau, Secretary for Health, refuted these claims, stating that healthcare reform had been debated for at least two decades, with reports even submitted to the Legislative Council for review in the past. He emphasized that there had long been societal consensus on the reform direction, but previous inaction led to "discussions without resolution, resolutions without implementation." As a responsible government, he stressed, "it is imperative to implement reforms now."

#### "Consensus Existed, Yet Decisions Lacked Action"

Lo Chung-mau noted that the Legislative Council began discussing Hong Kong's healthcare reform as early as around 2000. Addressing claims of inadequate public consultation, he remarked, "If ordinary citizens have forgotten, I can understand. But for industry professionals or lawmakers focused on healthcare, I suggest they review Hong Kong's history. The matter has been discussed countless times, and many proposals have gone through the Legislative Council. We've consulted for 20 years—the plan has been written for 20 years... Especially those consistently involved in healthcare, there's no excuse for not knowing." He reiterated that societal consensus on reform already exists, but past efforts stalled at "endless discussions and unimplemented decisions."

He further argued that reform is no easy task, requiring government commitment. If the Accident & Emergency department fees are not adjusted now, he warned, the public will continue treating emergency rooms as their first point of healthcare contact, leaving primary healthcare and family doctor resources underutilized. Over time, this would collapse Hong Kong's healthcare system. Lo emphasized that reform is "not simply about raising fees."

#Politics - Rebutting "No Consultation" Claims: "Discussed for Over 20 Years"

**QUESTION CONTINUES**

Questions:

- 1) Give 3 reasons to agree or disagree with the Secretary's argument. **(3 marks)**

Agree

Disagree

(a)

(a)

(b)

(b)

(c)

(c)

- 2) The government's current public sector fee reform proposal aims to strengthen Target Subsidy and improve the utilization of public healthcare services. **(3 marks)**

(a) What is Target Subsidy?

(b) What are the principles for determining the right target level of subsidy?

- 3) On driving public policies, it is important to catch the right policy window. Give an appraisal on the policy window that may impact the success of government's current reform initiative. **(4 marks)**

**END OF PAPER**